

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/05/03.

## **I. DISPUTE**

Whether reimbursement is recommended for an initial FCE (97750-FC) for date of service 10/28/02.

Carrier denied services as "F-Z431-Functional Capacity. F-Z560-The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix."

## **II. FINDINGS**

Requestor submitted a letter dated 06/12/02 withdrawing date of service 11/04/02, leaving date of service 10/28/02 in dispute.

## **III. RATIONALE**

Relevant information submitted by the carrier indicates the carrier previously reimbursed for an initial FCE and an interim FCE. The requestor subsequently billed \$500.00(5 hours) an 2<sup>nd</sup> initial FCE for CPT code 97750-FCE on 10/28/02 and the carrier reimbursed \$200.00 leaving \$300.00 in dispute. Per MFG MGR (I)(E)(2)(a)(b), FCE's are allowed a maximum of three times for each injured worker. On this basis, additional reimbursement is not recommended.

## **IV. FINDINGS & DECISION**

The above Findings and Decision are hereby issued this 13th day of April 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb